

Sutter Health

Menlo Park Surgical Hospital

2016 – 2018 Community Benefit Plan

Responding to the 2016 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2018

This document serves as an annual update to the 2016 - 2018 Community Benefit Plan for Menlo Park Surgical Hospital. The update describes impact from community benefit programs/initiatives/activities conducted in the reporting year, along with the economic values of community benefits for fiscal year 2017.

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Burlingame, CA 94010
License #: 220000037

www.sutterhealth.org

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Note: This community benefit plan is based on the hospital's implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

Introduction

The implementation strategy describes how Menlo Park Surgical Hospital (MPSH) a Sutter Health affiliate, plans to address significant health needs identified in the 2016 Community Health Needs Assessment (CHNA). This document describes how the hospital plans to address identified needs in calendar (tax) years 2016 through 2018.

The 2016 CHNA and the 2016 - 2018 determined priorities were reviewed by the hospital to understand and address community health needs, and in accordance with the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of the patients' ability to pay.

MPSH welcomes comments from the public on the 2016 Community Health Needs Assessment and 2016 – 2018 implementation strategy. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the hospital's address 1501 Trousdale Dr. Burlingame, CA 94010 and attention to Community Benefit Department; and
- In-person at the hospital's Information Desk.

About Sutter Health

MPSH is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of people in the communities where we serve through a not-for-profit commitment to compassion and excellence in healthcare services.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent healthcare services for Northern Californians, regardless of ability to pay. As part of our not-for-profit mission, Sutter Health invests millions of dollars back into the communities we serve – and beyond. Through these investments and community partnerships, we're providing and preserving vital programs and services, thereby improving the health and well-being of the communities we serve.

Over the past five years, Sutter Health has committed more than \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2017 commitment of \$612 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- In 2017, Sutter Health invested \$334 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for 19 percent of Sutter Health's gross patient service revenues in 2017.
- Throughout our healthcare system, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. We also support children's

health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and address real community needs.

For more facts and information visit www.sutterhealth.org.

2016 Community Health Needs Assessment Summary

In accordance with legislative requirements, MPSH participated in the Healthy Community Collaborative of San Mateo County (HCC) to conduct a CHNA of its service area, San Mateo County (SMC). HCC was formed in 1995 as a subcommittee of the San Mateo County Hospital Consortium. It is a 10 member organization consisting of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations. In 2015, HCC engaged Applied Survey Research (ASR) to conduct the 2016 CHNA on its behalf. ASR obtained primary and secondary data from a variety of sources, including community input and focus groups to assess community health trends. The mission of the collaborative is to promote the health and well-being of residents living in San Mateo County by identifying and addressing community health needs.

The full 2016 Community Health Needs Assessment conducted by MPSH is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

Spreading over 744 sq miles, San Mateo County is located on the San Francisco Peninsula. It contains 20 cities and towns, and is bordered by the City of San Francisco on the north, San Francisco Bay on the east, Santa Clara County to the south, and the Pacific Ocean on the west. SMC is a mix of urban and suburban industrial, small business, and residential use. The Coastal area is renowned for its significant agricultural, fishing, small business and tourism..

According to the US Census the estimated population in 2014 was 744,581. The County's population is aging and the trend is expected to increase over the next decades. Less than one quarter (24%) of the residents are under the age of 20, while 35% are between the ages of 20 and 44, and the rest (41%) of the residents are over the age of 44. Those aged 60 and older will increase from 20.0% (in 2014) to 30.9%. By 2050, the Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors.

SMC is also becoming increasingly diverse. The US Census estimates that by 2050, the white population will drop from 43% to 22%, the Latino population will increase from 26% to 38%, the Asian/Pacific Islanders will increase from 26% to 32% and that the African American population will experience a slight increase from 3% to 4%. Currently, the child population is more diverse than the adult population.

One in ten children aged 18 and younger live below the Federal Poverty Level (FPL) and 8% of all SMC individuals live below FPL. According to the 2014 Family Self-Sufficiency Standard (FSSS), a single parent with two children living in SMC must earn approximately \$97,200 annually to meet the family's basic needs – the equivalent of five full-time minimum-wage jobs in SMC.

Between 2013 and 2014, there was a 12% drop in the number of uninsured Californians aged 18-64 years old according to data cited by the California Healthcare Foundation. The San Mateo County Health System reported that as of March 2016 (based on 2014 census data) an estimated 62,000 county residents had enrolled in health insurance coverage, made possible by ACA. However, an estimate of 50,000 adults remain uninsured in SMC, approximating an uninsured rate of 7%. SMC no longer insures undocumented immigrants because they are eligible for Covered CA and without SMC's subsidy the care offered through Covered CA is unaffordable for most undocumented immigrants.

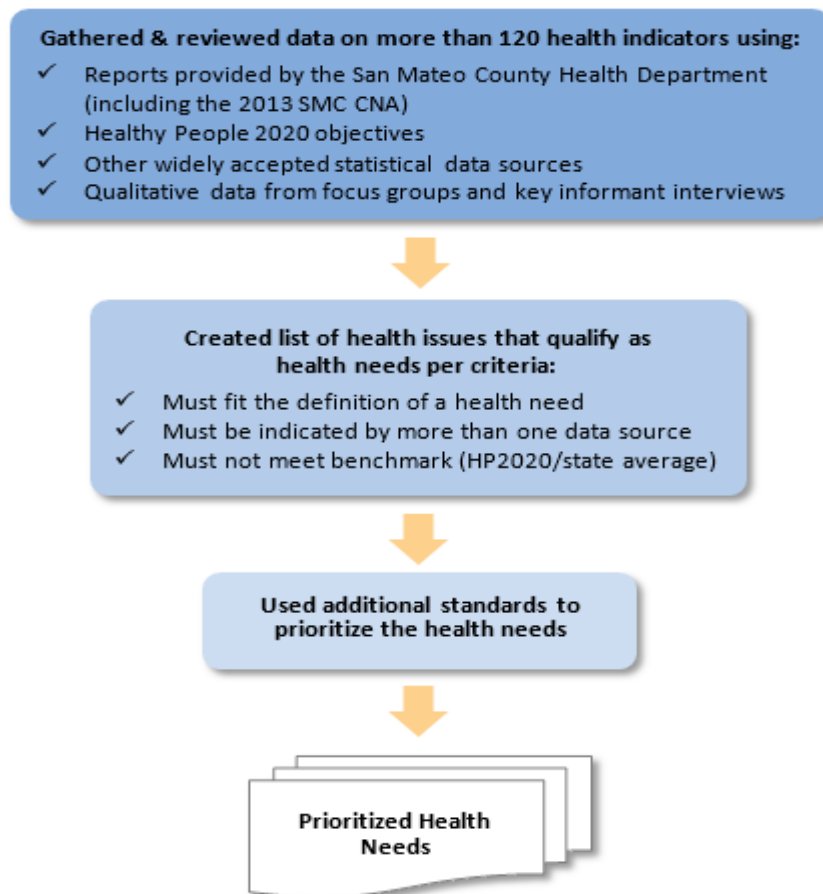
Significant Health Needs Identified in the 2016 CHNA

The following significant health needs were identified in the 2016 CHNA:

1. Health Care and Delivery
2. Oral/Dental Health

Criteria used to identify health needs

To identify San Mateo County's Health needs, the 2016 CHNA followed a series of steps show in the graphic below:



Hospital Prioritization Process

Following the HCC review of countywide health needs, MPSH chose a set of criteria to use in a format prioritization of the list of 21 health needs. The criteria were:

- ✦ Clear disparities or inequities
- ✦ Severity of need: Magnitude /Scale
- ✦ Prevention opportunity
- ✦ Multiplier effect

2016 – 2018 Implementation Strategy

The implementation strategy describes how MPSH plans to address significant health needs identified in the 2016 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2016 CHNA.

The Implementation Strategy serves as a foundation for further alignment and connection of other MPSH initiatives that may not be described herein, but which together advance commitment to improving the health of the communities it serves. Each year, MPSH's programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change or continue.

The prioritized significant health need the hospital will address is:

1. Oral/Dental Health

Oral/Dental Health

Name of program/activity/initiative	Ravenswood Family Health Center
Description	<p>Ravenswood Family Health Center (RFHC) is a federally qualified health center headquartered in the low-income East Palo Alto area of SMC. It provides a comprehensive scope of health care services, including dentistry, family practice, ultrasound, x-ray, lab, health education and prevention.</p> <p>The dental clinic, Ravenswood Family Dentistry (RFD), serves as a critical access point to comprehensive oral health care services for low-income children, families, and individuals. Its 4,800 sq. ft. dental clinic is among the first of its kind. It has 14 dental operatories. RFD houses four pediatric oral prevention treatment chairs, five adult chairs, and three oral surgery quiet rooms. In addition, its pediatric clinic offers two integrated oral health prevention operatories to serve children on the same day as their medical visit.</p> <p>Ravenswood patient population experience a combination of socioeconomic challenges and health disparities. Among its patients, 97% are from households with incomes 200% and below the federal poverty level (FPL) and live in a place where population density is three times higher than neighboring communities. 36% of their patients are uninsured and 64% are enrolled in public health coverage programs (such as Medi-Cal, Medicare, and San Mateo County Access and Care for Everyone (ACE)). The majority of their patients are ethnic minorities (97%)—including 72% Latino, 7% African American, and 7% Native Hawaiian or Pacific Islander. Furthermore, 71% of the patients are served in a language other than English with Spanish and Tongan being the most common languages.</p> <p>MPSH aims to continue its support by partially funding the operations of the dental clinic.</p>

Goals	Further increase access to a continuum of oral health care services for the underserved, low-income children and youth, and those with special needs.
Anticipated Outcomes	<ul style="list-style-type: none"> ✚ 1: Enhanced oral health education. ✚ 2: Improved access to preventive dental care ✚ 3: Increased access to oral health care services. ✚ 4: Enhanced integration of oral health and primary care. ✚ 5: Increased access to dental rehabilitation services
Plan to Evaluate	<ul style="list-style-type: none"> ✚ Ravenswood will track electronic dental records (Dentrix) and conduct regular process evaluations. ✚ They will forward to MPSH a yearly final report describing progress towards goals, objectives and outcomes using the metrics described below.
2017 Impact	2017 was a successful year, with 16,438 encounters that included 2,108 uninsured patients and 316 homeless patients. The program was able to achieve an oral health screening rate of 90% of all medical patients.
Metrics Used to Evaluate the program/activity/initiative	<p>Ravenswood to meet or exceed the following annual metrics:</p> <ul style="list-style-type: none"> ✚ 1800 of patients served, including those with special needs. ✚ 14185 Number of visits provided ✚ 345 Number of oral surgery ✚ 70 oral surgery operations under general anesthesia

Needs Menlo Park Surgical Hospital Plans Not to Address

No hospital can address all of the health needs present in its community. MPSH is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2016 Community Health Needs Assessment:

1. Alzheimer's Disease and Dementia - Indirectly
2. Arthritis - Other organizations are better equipped to address this need
3. Behavioral Health - Other organizations are better equipped to address this need
4. Birth Outcome - Other organizations are better equipped to address this need
5. Cancer - Other organizations are better equipped to address this need
6. Childhood Obesity - Other organizations are better equipped to address this need
7. Climate Change - Other organizations are better equipped to address this need
8. Communicable diseases - Other organizations are better equipped to address this need
9. Diabetes - Indirectly
10. Emotional Well Being - Other organizations are better equipped to address this need
11. Fitness, Diet & Nutrition - Other organizations are better equipped to address this need
12. Healthcare access & delivery - Indirectly
13. Heart disease and stroke - Indirectly
14. Housing and Homelessness - Other organizations are better equipped to address this need
15. Income and Employment - Other organizations are better equipped to address this need
16. Respiratory conditions - Other organizations are better equipped to address this need
17. Sexually Transmitted Diseases - Other organizations are better equipped to address this need
18. Transportation and Traffic - Other organizations are better equipped to address this need
19. Unintended Injuries - Other organizations are better equipped to address this need
20. Violence and Abuse - Other organizations are better equipped to address this need

Approval by Governing Board

The implementation strategy was approved by the Sutter Health Bay Area Board on November 16, 2016.

Appendix: 2017 Community Benefit Financials

Sutter Health hospitals and many other healthcare systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit values for Sutter Bay Area Hospitals are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved include traditional charity care which covers healthcare services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

2017 Community Benefit Value	Sutter Bay Area Hospitals
Services for the Poor and Underserved	\$126,280,914
Benefits for the Broader Community	\$77,088,321
Total Quantifiable Community Benefit	\$203,369,235

This reflects the community benefit values for Sutter Bay Area Hospitals, the legal entity that includes CPMC, St. Luke's Hospital, Novato Community Hospital, Sutter Lakeside Hospital, Sutter Santa Rosa Regional Hospital, Eden Medical Center, Mills-Peninsula Health Services, Menlo Park Surgical Hospital and Sutter Maternity and Surgery Center of Santa Cruz. For details regarding the community benefit values for Mills-Peninsula Medical Center, please contact Greg Karman at 951-203-8294 or KarmanG@sutterhealth.org.

2017 Community Benefit Financials

Sutter Bay Area Hospitals

Services for the Poor and Underserved

Traditional charity care	\$22,638,884
Unpaid costs of public programs:	
Medi-Cal	\$76,859,747
Other public programs	\$3,978,698
Other benefits	\$22,803,585
Total services for the poor and underserved	\$126,280,914

Benefits for the Broader Community

Nonbilled services	\$17,374,658
Education and research	\$50,625,626
Cash and in-kind donations	\$8,490,414
Other community benefits	\$597,623
Total benefits for the broader community	\$77,088,321

This reflects the community benefit values for Sutter Bay Area Hospitals, the legal entity that includes CPMC, St. Luke's Hospital, Novato Community Hospital, Sutter Lakeside Hospital, Sutter Santa Rosa Regional Hospital, Eden Medical Center, Mills-Peninsula Health Services, Menlo Park Surgical Hospital and Sutter Maternity and Surgery Center of Santa Cruz. For details regarding the community benefit values for Mills-Peninsula Medical Center, please contact Greg Karman at 951-203-8294 or KarmanG@sutterhealth.org.